

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM ITO-876)**

SERIAL NO.
091333724

FILED DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEP.	NO.	DEP.	NO.	DEP.
(1)						
2						
3						
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48						
49						
50						
TOTAL NO.	4					
TOTAL DEP.	23					
TOTAL	27					

	NO.	DEP.	NO.	DEP.	NO.	DEP.
61						
62						
63						
64						
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TOTAL NO.						
TOTAL DEP.						
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